

#### **DBH Evidence-Based Practices Fact Sheet**

#### **EBP Service: Child Parent Psychotherapy for Family Violence (CPP-FV)**

Description	· ·	chotherapy for Family Violence (CPP-FV) is a therapeutic intervention for young children with a history of trauma			
	exposure or maltreatment and their caregivers. CPP-FV supports child development, restores the child-parent relationship and the			child-parent relationship and the	
	overall feelings of safety, while reducing symptoms associated with the experience of trauma.				
Age & Delivery Setting		Ages range from 0-6 years old			
	Delivery Setting: CPP-FV is typically conducted in a(n): Adoptive Home, Birth Family Home, Foster Home, and Outpatient Clini			Home, and Outpatient Clinic	
Inclusionary Criteria	Child Victims or v				
	<ul> <li>family violen</li> </ul>				
	<ul> <li>intimate part</li> </ul>				
	<ul> <li>child physica</li> </ul>				
	<ul> <li>child sexual a</li> </ul>	abuse			
Exclusionary Criteria	Child:				
	<ul> <li>must have a trauma or maltreatment history</li> </ul>				
	does not have a significant caregiver participating in treatment				
DBH/MCO Service					
Treatment	Average length/r	number of sessions: 50 or approximately one year			
Duration/Rate					
Provider Contact Information					
DBH PIECE Program		Community Connections	Mary's Center	Medstar Georgetown	
821 Howard Road, SE		650 Pennsylvania Ave, SE	2333 Ontario Road, NW	2115 Wisconsin Avenue, NW	
Washington, DC		Washington, DC 20003	Washington, DC 20009	Suite #200	
(202) 698-1838		(202) 548-4885	(202) 483-8319	Washington DC 20007	
Ward: 8		Ward: 6	Ward: 1	(202) 687-5086	
Insurance Accepted: AmeriHealth,		Insurance Accepted: AmeriHealth,	Insurance Accepted: AmeriHealth,	Ward: 2	
Trusted/Beacon, Medstar-Value Option		Trusted/Beacon, HSCSN	Trusted/Beacon, MedStar-Value	Insurance Accepted:	
			<b>Options, HSCSN, Care First</b>	Amerihealth,	
				Bluecross/BlueShield, Carefirst,	
				HSCSN	

#### **EBP Service: Parent Child Interaction Therapy (PCIT)**

Description	PCIT is a supported treatment for young children who are experiencing extreme behavioral difficulties. It places emphasis on			ies. It places emphasis on
	improving the quality of the parent-child relationship and changing parent-child interaction patterns.			is.
Age & Delivery	Ages range from 2-6 years old			
Setting	Delivery Setting: Outpatient Clinic			
Inclusionary Criteria	Child who exhibits:			
	<ul> <li>loss of temper</li> </ul>			
	<ul> <li>property destruct</li> </ul>	tion		
	<ul> <li>stealing</li> </ul>			
	<ul> <li>fighting</li> </ul>			
	<ul> <li>general difficult</li> </ul>	ılty playing appropriately		
	Child must live	e with one or both parents or in a stab	le foster homes	
	<ul> <li>Children must</li> </ul>	be a resident or ward of the District o	f Columbia	
<b>Exclusionary Criteria</b>	Child is diagnosed with:			
	<ul> <li>Autism</li> </ul>			
	Persistent Developmental Disorder (PDD)			
	<ul> <li>exclusive ADHD</li> <li>children whose parents have sexually abused their children (or convicted of such a crime) or who have an active investigation</li> </ul>			
				no have an active investigation
	pending are not eligible for PCIT			
	parents with active substance abuse (should be referred for substance abuse treatment before being referred for PCIT)			being referred for PCIT)
	parents with an IQ below 70			
DBH/MCO Service	MCO only			
Treatment	Children and caregiver participate in a series of therapy sessions: approximately 25 to 30 sessions (6-7 months)		6-7 months)	
Duration/Rate				
		Provider Contact In	formation	
DBH PIECE Program		Community Connections	Mary's Center	Medstar Georgetown
821 Howard Road, SE		650 Pennsylvania Ave, SE	2115 Ontario Road, NW	2115 Wisconsin NW
Washington, DC		Washington, DC 20003	Washington, DC 20009	Suite #200
(202) 698-1838			(202) 483-8319	Washington DC 20007
Ward: 8 Ward: 6		Ward: 1	(202) 687-5086	
Insurance Accepted: Insurance Accepted: AmeriHealth,		Insurance Accepted: AmeriHealth,	Ward: 2	
·		Trusted/Beacon, HSCSN	Trusted/Beacon, MedStar-Value	Insurance Accepted:
Medstar-Value Option		<b>Options, HSCSN, Care First</b>	Amerihealth,	

	BlueCross/BlueShield,
	CareFirst, HSCSN

### **EBP Service: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

life events and address feelings.	Description	TF-CBT is an intervention de	signed to help children, youth, a	and their parents overcome the r	negative effects of traumatic
Delivery Setting: TF-CBT is typically conducted in a(n): Adoptive Home, Birth Family Home, Foster Home, and Outpatient Clinic  Child/Youth, who have a history of at least one significant potentially traumatic event to include but not limited to:  sexual assault  physical assault  witnessing serious violence in the home or community  unexpected traumatic death of a loved one  motor vehicle accident  dog attack  exposure to disasters  exposure to disasters  exposure to war trauma  Child/Youth:  does not have a trauma history  does not have a significant mental health symptom(s) related to a traumatic event  has severe cognitive disabilities, autism spectrum disorder  has other difficulties that make it impossible for them to engage in cognitive therapy  DBH/MCO Service  Treatment Duration/Rate  MD/DC Family Resource 903 Brightseat Road Landover, MD 20785  Washington, DC 20003  DELIGE Phanecment Services 1818 New York Ave, NE Suite 11 Washington, DC 20002		life events and address feeli	ngs.		
Child/Youth, who have a history of at least one significant potentially traumatic event to include but not limited to:   sexual assault	Age & Delivery Setting	Ages range from 3-18 years	old.		
sexual assault     physical assault     witnessing serious violence in the home or community     unexpected traumatic death of a loved one     motor vehicle accident     dog attack     exposure to disasters     exposure to terrorist attacks     exposure to war trauma  Exclusionary Criteria  Child/Youth:     does not have a trauma history     does not have a significant mental health symptom(s) related to a traumatic event     has severe cognitive disabilities, autism spectrum disorder     has other difficulties that make it impossible for them to engage in cognitive therapy  DBH/MCO Service  DBH & MCO  Treatment Duration/Rate  Children participate in a series of approximately 16 to 24 therapy sessions (4-6 months)  Provider Contact Information  MD/DC Family Resource 903 Brightseat Road Landover, MD 20785  Washington, DC 20003  Hillcrest Children & Family Center 915 Rhode Island Ave, NW Washington, DC 20009  Washington, DC 20002		Delivery Setting: TF-CBT is ty	pically conducted in a(n): Adop	tive Home, Birth Family Home, F	oster Home, and Outpatient Clinic
physical assault     witnessing serious violence in the home or community     unexpected traumatic death of a loved one     motor vehicle accident     dog attack     exposure to disasters     exposure to terrorist attacks     exposure to war trauma  Exclusionary Criteria Child/Youth:     does not have a trauma history     does not have a significant mental health symptom(s) related to a traumatic event     has severe cognitive disabilities, autism spectrum disorder     has other difficulties that make it impossible for them to engage in cognitive therapy  DBH/MCO Service DBH & MCO  Treatment Duration/Rate Children participate in a series of approximately 16 to 24 therapy sessions (4-6 months)  Provider Contact Information  MD/DC Family Resource 903 Brightseat Road Latin American Youth Center 1419 Columbia Road, NW Washington, DC 20002 Washington, DC 20002	Inclusionary Criteria	Child/Youth, who have a his	tory of at least one significant p	otentially traumatic event to incl	ude but not limited to:
witnessing serious violence in the home or community     unexpected traumatic death of a loved one     motor vehicle accident     dog attack     exposure to disasters     exposure to terrorist attacks     exposure to war trauma  Exclusionary Criteria  Child/Youth:     does not have a trauma history     does not have a significant mental health symptom(s) related to a traumatic event     has severe cognitive disabilities, autism spectrum disorder     has other difficulties that make it impossible for them to engage in cognitive therapy  DBH/MCO Service  DBH & MCO  Treatment Duration/Rate  DBH & MCO  Treatment Duration/Rate  Community Connections 650 Pennsylvania Ave, SE Washington, DC 20003  Hillcrest Children & Family Latin American Youth Center 1419 Columbia Road, NW Washington, DC 20002  Washington, DC 20002		<ul> <li>sexual assault</li> </ul>			
<ul> <li>unexpected traumatic death of a loved one</li> <li>motor vehicle accident</li> <li>dog attack</li> <li>exposure to disasters</li> <li>exposure to terrorist attacks</li> <li>exposure to war trauma</li> </ul> Exclusionary Criteria <ul> <li>Child/Youth:</li> <li>does not have a trauma history</li> <li>does not have a significant mental health symptom(s) related to a traumatic event</li> <li>has severe cognitive disabilities, autism spectrum disorder</li> <li>has other difficulties that make it impossible for them to engage in cognitive therapy</li> </ul> DBH/MCO Service <ul> <li>DBH &amp; MCO</li> <li>Treatment Duration/Rate</li> <li>Children participate in a series of approximately 16 to 24 therapy sessions (4-6 months)</li> </ul> Provider Contact Information MD/DC Family Resource <ul> <li>903 Brightseat Road</li> <li>Latin American Youth Center</li> <li>1419 Columbia Road, NW</li> <li>Washington, DC 20003</li> <li>Hillcrest Children &amp; Family</li> <li>Center</li> <li>1419 Columbia Road, NW</li> <li>Washington, DC 20002</li> </ul>		<ul> <li>physical assault</li> </ul>			
motor vehicle accident     dog attack     exposure to disasters     exposure to terrorist attacks     exposure to war trauma  Exclusionary Criteria  Child/Youth:     does not have a trauma history     does not have a significant mental health symptom(s) related to a traumatic event     has severe cognitive disabilities, autism spectrum disorder     has other difficulties that make it impossible for them to engage in cognitive therapy  DBH/MCO Service  Treatment Duration/Rate  DBH & MCO  Treatment Duration/Rate  Children participate in a series of approximately 16 to 24 therapy sessions (4-6 months)  Provider Contact Information  MD/DC Family Resource 903 Brightseat Road Landover, MD 20785  Washington, DC 20003  Hillcrest Children & Family Center 1419 Columbia Road, NW Washington, DC 20002  Washington, DC 20002		<ul> <li>witnessing serious v</li> </ul>	iolence in the home or commur	nity	
dog attack     exposure to disasters     exposure to terrorist attacks     exposure to terrorist attacks     exposure to war trauma  Exclusionary Criteria  Child/Youth:     does not have a trauma history     does not have a significant mental health symptom(s) related to a traumatic event     has severe cognitive disabilities, autism spectrum disorder     has other difficulties that make it impossible for them to engage in cognitive therapy  DBH/MCO Service  DBH & MCO  Treatment Duration/Rate  Children participate in a series of approximately 16 to 24 therapy sessions (4-6 months)  Provider Contact Information  MD/DC Family Resource 903 Brightseat Road Landover, MD 20785  Washington, DC 20003  Hillcrest Children & Family Center 1419 Columbia Road, NW Washington, DC 20009  Washington, DC 20002		unexpected trauma	tic death of a loved one	•	
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<ul> <li>exposure to terrorist attacks</li> <li>exposure to war trauma</li> <li>Exclusionary Criteria</li> <li>Child/Youth:         <ul> <li>does not have a trauma history</li> <li>does not have a significant mental health symptom(s) related to a traumatic event</li> <li>has severe cognitive disabilities, autism spectrum disorder</li> <li>has other difficulties that make it impossible for them to engage in cognitive therapy</li> </ul> </li> <li>DBH/MCO Service         <ul> <li>DBH &amp; MCO</li> </ul> </li> <li>Treatment Duration/Rate</li> <li>Children participate in a series of approximately 16 to 24 therapy sessions (4-6 months)</li> </ul> <li>Provider Contact Information</li> <li>MD/DC Family Resource         <ul> <li>G50 Pennsylvania Ave, SE</li> <li>Washington, DC 20003</li> <li>Hillcrest Children &amp; Family Center</li> <li>1419 Columbia Road, NW</li> <li>Washington, DC 20002</li> </ul> </li> <li>Washington, DC 20002</li>		_	rS		
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DBH/MCO Service Treatment Duration/Rate Children participate in a series of approximately 16 to 24 therapy sessions (4-6 months)  Provider Contact Information  MD/DC Family Resource 903 Brightseat Road Landover, MD 20785 DBH & MCO  Provider Contact Information  Latin American Youth Center 1419 Columbia Road, NW Washington, DC 20002 Usashington, DC 20002 Washington, DC 20002			•		<b>v</b>
Treatment Duration/Rate  Children participate in a series of approximately 16 to 24 therapy sessions (4-6 months)  Provider Contact Information  MD/DC Family Resource 903 Brightseat Road Landover, MD 20785  Community Connections 650 Pennsylvania Ave, SE Washington, DC 20003  Hillcrest Children & Family Center 1419 Columbia Road, NW Washington, DC 20009  Washington, DC 20002  Washington, DC 20002	DBH/MCO Service		·		
MD/DC Family ResourceCommunity ConnectionsHillcrest Children & FamilyLatin American Youth CenterLife Enhancement Services903 Brightseat Road650 Pennsylvania Ave, SECenter1419 Columbia Road, NW1818 New York Ave, NE Suite 11Landover, MD 20785Washington, DC 20003915 Rhode Island Ave, NWWashington, DC 20009Washington, DC 20002	Treatment Duration/Rate	Children participate in a seri	es of approximately 16 to 24 th	erapy sessions (4-6 months)	
903 Brightseat Road 650 Pennsylvania Ave, SE Landover, MD 20785 Washington, DC 20003 P15 Rhode Island Ave, NW Washington, DC 20009 Washington, DC 20002	Provider Contact Information				
903 Brightseat Road Landover, MD 20785 650 Pennsylvania Ave, SE Washington, DC 20003 915 Rhode Island Ave, NW Washington, DC 20009 Washington, DC 20002	MD/DC Family Resource	Community Connections	Hillcrest Children & Family	Latin American Youth Center	Life Enhancement Services
Landover, MD 20785 Washington, DC 20003 915 Rhode Island Ave, NW Washington, DC 20009 Washington, DC 20002	•	-	-	1419 Columbia Road, NW	1818 New York Ave, NE Suite 115
			915 Rhode Island Ave, NW	Washington, DC 20009	
	(301) 333-2980	(202) 548-4885	Washington, DC 20001	(202) 319-2225	(202) 269-2401
Ward: n/a Ward: 6 (202) 232-6100 Ward: 1 Ward: 5	1 ' '	` '		` '	, ,
Insurance Accepted: Insurance Accepted: Ward: 6 Accepted insurance: Insurance Accepted: DC	•	Insurance Accepted:	` '	Accepted insurance:	Insurance Accepted: DC
Medicaid AmeriHealth, Insurance Accepted: AmeriHealth Caritas DC Medicaid, Trust Health Plan,	-	-	Insurance Accepted:	•	•
Trusted/Beacon, HSCSN AmeriHealth, Amerigroup, Trusted Health MedStar Family Choice		•	-		
Trusted/Beacon, MedStar- (Amerigroup), AmeriHealth,			-		•
Value Options, HSCSN HSCSN					

# **EBP Service: Functional Family Therapy (FFT)**

Description	FFT is a family focused intervention for at-risk and juvenile justice involved youth.			
Age & Delivery Setting	Ages ranges from 11-18			
<b>3 3 7 3 7</b>	Delivery Setting: FFT is typically conducted in a(n): Adoptive Home, Birth Family Home, Foster Home, and Outpatient Clinic.			
Inclusionary Criteria	Child/Youth and their families whose range of problems include but are not limited to:			
,	acting out			
	conduct disorder			
	alcohol and/or substance abuse			
	limited access to resources			
	a range of diagnoses			
Exclusionary Criteria	Child/Youth who is			
	actively suicidal			
	actively homicidal			
actively psychotic without medication stabilization				
	Youth in respite or emergency care			
	Youth who will not be returning home within 30 days			
	Youth not living with permanent/long-term caregiver			
DBH/MCO Service				
Treatment Duration/Rate	Families participate in a series of sessions over a 3-5 month treatment period			
Provider Contact Information				
	Parent & Adolescent Support Services (PASS)			
DC Department of Human ServicesFamily Services Administration				
64 New York Ave, NE				
Washington, DC 20002				
(202) 698-4334				
	Ward: 5			
	Insurance Accepted: n/a			

# **EBP Service: Trauma Systems Therapy (TST)**

Description	TST is a comprehensive model for treating traumatic stress in children and adolescents that adds to individually-based approaches by specifically addressing the child's social environment and/or system of care. TST is designed to provide an integrated and highly coordinated system of services guided by the specific understanding of the nature of child traumatic streets focuses on the interaction between the child's difficulties regulating their emotions and the deficits within the child's social environment.		
Age & Delivery Setting	Age ranges from 6-18 years old.  Delivery Setting: TST is a planning approach that includes input from children's homes, schools, community.		
Inclusionary Criteria	Child/Youth/Young Person has:		
Exclusionary Criteria	Child/Youth/Young Person: TST is applicable to a wide range of populations and service settings. Therefore, exclusion criteria we be determined at the clinical discretion of the team at each provider site.		
DBH/MCO Service DBH only			
Treatment Duration/Rate Average length of stay 9-18 months			
	Provider	Contact Information	
Maryland Family Resources, Inc. 903 Brightseat Road Landover, MD 20785 (301) 333-2980 Ward: n/a		Hillcrest 915 Rhode Island Ave, NW Washington, DC 20001 (202) 232-6100 Ward: 6	
Insurance Accepted: Medicaid		Insurance Accepted: AmeriHealth, Trusted/Beacon, MedStar-Value Options, HSCSN	

### **EBP Service: Transition to Independence Process (TIP)**

Description  Age & Delivery Setting	TIP is a practice model which prepares youth and young adults (ages 14-29) with emotional and behavioral challenges for the transition to adult roles by engaging them in their own futures planning while providing developmentally-appropriate supports. TIP involves youth/young adults, their families, and other key players in a process that facilitates movement towards greater self-sufficiency and successful achievement of their goals.  Age ranges: from 14-29 years			
	Delivery Setting: TIP is deliv	ered the in family's natural e	nvironment-homes, schools, comm	unity.
Inclusionary Criteria	Youth/ Young Person:  • with Emotional and Bell	Youth/ Young Person:  • with Emotional and Behavioral difficult		
Exclusionary Criteria	Youth/ Young Person:  with no Emotional and	Behavioral difficulty		
DBH/MCO Service	DBH only			
Treatment Duration/Rate	e 12 to 36 months			
		Provider Contact Info	ormation	
MBI Services LLC 4130 Hunt Place, NE Washington, DC 20019 (202) 388-9202 Ward: 7 Insurance Accepted: Amerigroup District of Columbia, AmeriHealth DC Local, DC Medicaid Medicare, Medstar Trusted Health Plans Inc, Value Options	Life Enhancement Services 1818 New York Ave, NE Suite 115 Washington, DC 20002 (202) 269-2401 Ward: 5 Insurance Accepted: DC Medicaid, Trust Health Plan, MedStar Family Choice (Amerigroup), AmeriHealth, HSCSN	Community Connections 801 Penn. Ave, SE Washington DC 20003 (202) 548-4885 Ward: 6 Insurance Accepted: AmeriHealth, Trusted/Beacon, HSCSN	Parent & Adolescent Support Services (PASS)  DC Department of Human Services-Family Services Administration 64 New York Ave, NE Washington, DC 20002 (202) 698-4334 Ward: 5 Insurance Accepted: n/a	Wayne Place, Bradley & Associates 121 Wayne Place, SE Washington DC 20032 (202) 450-1967 Ward: 5 Insurance Accepted: n/a

# **EBP Service: Multi-Systemic Therapy (MST)**

Description	MST is an intensive community-based treatment	for youth and their families with antisocial behaviors putting them at risk of out
2001.[611011	•	ning to a parent/caregiver with whom the youth has a long-term relationship and
	· · · · · · · · · · · · · · · · · · ·	asis is on empowering parents/caregivers to assist youth in making and
	sustaining change in individual, family, peer, and	
Age & Delivery Setting	Ages ranges from 12-17	·
	Delivery Setting: MST is typically conducted in a(	n): Adoptive Home, Birth Family Home, Foster Home, and Outpatient Clinic.
Inclusionary Criteria	Child/Youth:	
	<ul> <li>has antisocial behaviors putting them at risk</li> </ul>	of out of home placement
	• is living with or returning to a parent/caregiv	er with whom the youth has a long-term relationship and who is willing to
	participate in treatment	
	<ul> <li>must have an AXIS I diagnosis</li> </ul>	
<ul> <li>must reside in the District or be living close to</li> </ul>		o the District with District Medicaid active.
<ul> <li>must be in the home within 30 days of admiss</li> </ul>		ssion
Exclusionary Criteria Child/Youth who		
	<ul> <li>has current active psychosis or autism diagno</li> </ul>	osis
has been in residential treatment longer than		n 12 months immediately prior to MST
DBH/MCO Service DBH only		
Treatment Duration/Rate	Families participate in an average of 3 weekly 60	-90 minute sessions for 4-5 months
	Provider Con	tact Information
MBI Services LLC		Life Changing Solutions
2041 Martin Luther King Jr. Ave, SE Suite 239		201 15th Street, SE
Washington, DC 20020		Washington, DC 20003
(202) 547-8450		(202) 846-6915
Ward: 7		Ward: 6
Insurance Accepted: Amerigroup District of Columbia, AmeriHealth		Insurance Accepted: DC Medicaid, DC Local Dollars
DC Local, DC Medicaid Medicare, Medstar Trusted Health Plans Inc,		
Value Options		